

TOM SCHEDLER
SECRETARY OF STATE

STATE OF LOUISIANA
SECRETARY OF STATE



Commercial Division
(225) 925-4704

Fax Numbers
(225) 932-5317 Administrative Services
(225) 932-5314 Corporations
(225) 932-5318 UCC

**TRANSMITTAL INFORMATION
For All Business Filings**

Please indicate below the level of service requested, payment and contact information

☐

Routine

☐

Expedite \$30
24 hour processing

☐

Check or Money Order Enclosed

☐

Credit Card Number: _____

Expiration Date: _____

Business Name (List **exactly** as it appears in documents)

Name of person filing document (evidence of filing will be mailed to this person, at address below)

Address

City

State

Zip Code

Daytime phone number

Fax number

Email address

NOTE: Louisiana Law requires all Louisiana notaries to print or type their name and notary or bar roll number on the document.

Mailing Address: P. O. Box 94125, Baton Rouge, LA * 70804-9125
Office Location: 8585 Archives Ave., Baton Rouge, LA * 70809
Web Site Address: www.sos.la.gov

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IMPORTANT NOTICE

The instructions from the Secretary of State's office in order to qualify a foreign limited liability company to do business in the state of Louisiana are the following:

1. The name must be identical to the name on certificate of existence or good standing from organizing jurisdiction. The certificate must be dated within (90) ninety days of its submission. (In the states of Texas and Alabama, obtain a certificate of existence from the Secretary of State, not a good standing from the Comptroller/Department of Revenue.)
2. The name must be identical to the name on the certificate of fact evidencing the name change issued by the proper official of the organizing jurisdiction.
3. The date organized in your state or country and period of duration, if any.
4. The street address of the principal office of the organization in the state or country under the laws of which it is organized.
5. The street address or intended street address of its principal business office wherever located. If you do not have one, write none in this space.
6. The address of the principal business establishment in this state.
7. This address shall be the street address of your registered agent if the agent is an individual or corporation.
8. The agent must be an individual resident in Louisiana, an individual attorney or a partnership which is authorized to practice law in Louisiana or a domestic or foreign corporation authorized to act as registered agent for other organizations.
9. The nature of business that the limited liability company proposes to transact in this state and a statement that it is empowered to transact such business under the laws under which it is organized.

NOTE: If the company includes in its name the words "engineer", "engineering", "surveyor", or "surveying", please contact the Louisiana Professional Engineering and Land Surveying

Board prior to submitting the application for authority. They can be contacted at (225) 925-6291, 9643 Brookline Ave., Suite 121, Baton Rouge, LA 70809 (www.lapels.com).

Tom Schedler
Secretary of State



**APPLICATION FOR AUTHORITY
TO TRANSACT BUSINESS IN LOUISIANA**

(R.S. 12:1345)

Foreign Limited Liability Company
Enclose \$125.00 filing fee
Make remittance payable to
Secretary of State
Do Not Send Cash

Return to: Commercial Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web site: www.sos.la.gov

STATE OF _____

Check one: ☐ Non Profit
 ☐ Business

Check one: ☐ Original Application
 ☐ Amended Application

PARISH/COUNTY OF _____

1. Limited liability company name: _____
2. Previous company name: _____
3. Date of organization: _____ Period of duration: _____
4. Principal office address in state or country of organization: _____

5. Principal business office address: _____

PLEASE INCLUDE COMPLETE STREET ADDRESSES FOR THE FOLLOWING.

6. Principal business establishment in Louisiana: _____

7. Registered office address in Louisiana: _____

8. Registered agent's name and address in Louisiana: _____

9. Nature of business to be transacted in Louisiana: _____

To be signed by a Member/Manager

Title and Date

Sworn to and subscribed before me, the undersigned Notary Public, on this date: _____

Notary

AGENT'S ACCEPTANCE AND ACKNOWLEDGEMENT OF APPOINTMENT

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named limited liability company.

Registered Agent

Sworn to and subscribed before me on this date: _____

Notary